

Helping Consumers with the Application Process

Updated January 15, 2014

Q1: What's the best way to help a consumer whose application is not moving forward in the process?

A1: Help the consumer remove the current application from his or her account. First, have the consumer login to their account. Select the application in progress and then choose to "Remove" their application. Next, have the consumer close out their web page and then log back in using their same account. The consumer can then start a brand new application. If you are unable to remove the initial application or if you get stuck at some other point in the process, call the **Call Center (1-800-318-2596)**.

Q2: How should assisters complete applications for homeless consumers (e.g., what contact information should be put for those in shelters or on the street)? Related, how can assister ensure homeless consumers get information they need if they have no address or computer access to receive information?

A2: An address is needed in order to complete an application through the Marketplace. Homeless consumers can provide an address of a shelter, friend or relative. The address needs to be in the state of application. If the consumer needs additional assistance filling out the application they should contact the call center.

Paper Applications

Q3: How can I help a consumer who submitted a paper application, but hasn't heard back from CMS?

A3: Call the **Call Center (1-800-318-2596)**. The Call Center will be able to see if the consumer has an eligibility determination, which is the next step in the process, and can provide them with their application ID number. After the consumer has an ID number, go to HealthCare.gov and create an account. Once they log in, they can retrieve the eligibility determination by entering the application ID. Next, the consumer will be able to view plan options, select a plan, and enroll.

If the Call Center is unable to pull up the consumer's eligibility determination and ID, we recommend that the consumer start a new application online by creating an account and filling out the information to receive a new eligibility determination.

Q4: Now that the system is up and running, are consumers still able to submit paper applications?

A4: Yes. Go to HealthCare.gov and download the paper application as well as the instructions, which may be found under the ["Apply with a paper application"](#) section. If possible, the consumer should supply his or her email address and answer "yes" to the request to receive email notification in addition to being notified by mail. (This step could speed up the process.)

To make sure you receive credit for helping the consumer complete the paper application, on the bottom of Appendix C, in the "for certified application counselors, navigators, agents,



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and brokers only" section, make sure the consumer enters your 13-digit unique assister ID number.

The consumer **MUST** mail the paper application themselves with the correct amount of postage. (The postage rates and weight will vary based on the number of pages included.) Consumers should mail the application and appendices (if applicable) to:

**Health Insurance Marketplace
Dept. of Health and Human Services
465 Industrial Blvd.
London, KY 40750-0001**

Upon arrival at the London, KY address, paper applications should be processed within 3-5 business days. Applications that are incomplete or have errors require follow-up and will take longer to process. Following processing, the Marketplace will notify the consumer by mail.

You may schedule a follow-up appointment to help the consumer shop and enroll in a plan. The consumer will shop and enroll in a plan by creating an account on www.HealthCare.gov, and entering the consumer's application ID from the notice. The consumer will be able to view plan options, select a plan, and enroll. OR, the consumer may call the **Call Center (1-800-318-2596)** for help with finding the eligibility determination and application ID.

Q5: If a paper application is filed, applicants might get called for additional information, if necessary. How do applicants verify that the call for additional information is legitimate and protect themselves from fraud?


A5: Consumers will be contacted by CMS if the application they previously submitted is missing required information. The majority of calls are triggered by incomplete applications. In some instances, a consumer will be called for clarification purposes, e.g. if the consumer has a complex family situation.

When receiving a call from CMS, the consumer's Caller ID may read:

- Health Insurance MP; or
- 606-260-4191 (Kentucky); or
- 479-877-3203 (Arkansas); or
- 636-698-6320 (Missouri); or
- 580-354-7707 (Oklahoma).

Next, the Agent will ask the consumer information to verify the consumer's identity, by asking the consumer to verify information that the consumer already included on their previously submitted application. This may include verifying the last 4 digits of the consumer's Social Security number. The Agent will only ask for the consumer's complete Social Security number if it was not provided on the application and the Agent needs to call to collect other information for purposes of ensuring a complete application. After verifying the consumer's identity, the Agent will proceed to ask the consumer for the specific follow up information regarding their submitted application, e.g. missing pieces of information.

If at any point during the call the consumer decides they would prefer to not provide information over the phone, they can inform the Agent of this and CMS can mail a letter to the consumer explaining the next steps to process their application and the options for providing this information.



CMS will attempt to reach the consumer six times by phone, and will leave voicemails each time they are unsuccessful. If the consumer missed the Agent's call, they should not attempt to call back the agent, since the Agents are unable to accept inbound calls. Instead, the consumer should wait for CMS's next attempt to reach them. After CMS has made six unsuccessful attempts to reach the consumer by phone, CMS will mail the consumer a notice in the mail that will explain what is needed to successfully process an application.

We want to remind assisters that a consumer should never give their personal health information to someone who calls or comes to their home uninvited, even if that person says they are from the Marketplace. Marketplace operators and Call Center Agents will never ask for personal health information. A Marketplace operator may ask for income information like wages or salary, but will never ask for information about a consumer's financial institution, such as a bank account number. If the consumer suspects identity theft, or feels like they gave personal information to someone they should not have, they should file a complaint using the [Federal Trade Commission's online Complaint Assistant](#).

The consumer can also call the Call Center at 1-800-318-2596, explain what happened, and the Call Center will assist them. Additional Resources regarding fraud can be found here:

- [4 ways to protect yourself from fraud in the Health Insurance Marketplace](#)
- [How can I protect myself from fraud in the Health Insurance Marketplace?](#)

Q6: If a consumer submits a paper application, can the consumer later come back to the assister for additional help once their determination letter is received?

A6: Yes. A consumer may seek the services of an in person assister at any time during the application process.

Assister Resources

Q7: Where can CMS assister resources (past webinar presentations, etc.) be found?

A7: Please visit the CMS Marketplace Assister Resources website at: <http://marketplace.cms.gov/help-us/2-partner-with-us.html>. Additional resources will be added as they become available.

